

# CERTIFICATE OF DEATH

STATE FILE NUMBER

20210008804

DECEASED NAME

**JOSEPH WILLIAM NITTOSO**

DATE OF BIRTH

**06/02/1978**

SEX

**MALE**

DATE OF DEATH

**01/26/2021**

PLACE OF DEATH

**BLOOMFIELD TOWNSHIP**

COUNTY OF DEATH

**ESSEX**

RESIDENCE ADDRESS

**110 LEXINGTON AVE**

SOCIAL SECURITY NUMBER

MUNICIPALITY OF RESIDENCE

**BLOOMFIELD TOWNSHIP**

COUNTY OF RESIDENCE

**ESSEX**

DOMESTIC STATUS

**MARRIED**

SURVIVING SPOUSE/PARTNER

(Name given at birth or on birth certificate)

**THERESE EDWARDS**

MANNER OF DEATH: **SUICIDE**

CAUSE OF DEATH:

**INTRAORAL GUNSHOT WOUND OF THE HEAD**

DATE ISSUED: **FEBRUARY 8, 2021**

DATE FILED WITH REGISTRAR: **02/05/2021**


AMENDED DATE:

ISSUED BY:

**New Jersey Department of Health, Office of Vital Statistics and Registry**

This is to certify that the above is correctly copied from a record on file in my office.

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Vincent T. Arrisi  
State Registrar  
Office of Vital Statistics and Registry

REG-42A  
JUN 14

